

U.S. BANKRUPTCY COURT
FILED

2023 JUL 11 A 11: 21

JEANNE A. NAUGHTON

A handwritten signature in blue ink, appearing to read "Jeanne A. Naughton", written over the printed name.

20-1004

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

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PLAINTIFF Allstate New Jersey Property and Casualty Insurance	COURT CASE NUMBER 20-01004(Adv Pro)
DEFENDANT William Focazio, MD, PA and Endo Surgical Center of North Jersey, P.C.	TYPE OF PROCESS Civil Process(Business Monies Due Lev

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Premier Surgery Center of Clifton, LLC***
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Ira Ginsberg, Esq. 300 Parsippany Road, Suite 16D, Parsippany, NJ 07054

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Donald F. Campbell, Jr., Esq. c/o Giordano, Halleran & Ciesla, P.C. 125 Half Mile Road, Suite 300, Red Bank, New Jersey 07701	Number of process to be served with this Form 285	
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

***Pursuant to the terms of the Settlement Agreement between Allstate Insurance Company, et al. ("Allstate") and the Focazio Parties, the Focazio parties are in default of the Agreement. Kindly levy on all payments by Premier Surgery Center of Clifton, LLC, Brian Oliff, Jonathan Arad, and David Del Vecchio to William J. Focazio, M.D. for purchase of NJ Department of Health ambulatory care facility license.

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (732) 741-3900	DATE 6/16/23
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>50</u>	District to Serve No. <u>50</u>	Signature of Authorized USMS Deputy or Clerk <u>E. Baskerville</u>	Date <u>6/20/23</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date <u>6/20/23</u> Time <u>15:30</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee <u>65.00</u>	Total Mileage Charges including endeavors) <u>27.90</u>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>\$0.00</u>
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REMARKS: ON 6/20/23 ONE DUSM ONE PIECE OF PROCESS SERVED AT 300 PARSIPPANY RD PARSIPPANY N.J 16D - PROCESS EXCEPTED BY IRA GINSBERG - TOTAL MILEAGE 42.6 * .655 = 27.90

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED